

PROJECT MONITORING FORM

PROJECT NAME/NUMBER _____ DATE _____

REVIEW COMPLETED BY:
 GRANT PROJECT DIRECTOR _____ UHSO PROGRAM MANAGER _____
 (Signature) (Signature)

REVIEW COMPLETED: _____ ON-SITE _____ BY PHONE _____ MONTH SELECTED FOR COMPLETE REVIEW: _____
 (obtain all financial backup for claims filed during the selected month and attach to this form)

UHSO PROJECT FILE REVIEW	YES	NO	N/A	COMMENTS
- Approved project application?				
- Project adjustments?				
- Cost reports?				
- Invoices/receipts?				
- Program reports? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
- Equipment form completed?				
SUB-GRANTEE PROJECT FILE REVIEW	YES	NO	N/A	COMMENTS
- Approved project application?				
- Project adjustments?				
- Cost reports				
- Program Reports? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
- Invoices/receipts				
- Authorizing agency's release of funds?				
SUB-GRANTEE TIME/ATTENDANCE RECORDS REVIEW	YES	NO	N/A	COMMENTS
Are salaries/wages supported by time/attendance records?				
Are time/attendance records:				
- signed by the employee?				
- approved by the employee's supervisor?				
- reflective of total daily hours worked for the pay period?				
- reflective of daily hours charged to project?				
- reflective of any leave taken?				
Do time sheets show time in and out on enforcement shift?				
Do records document time and location of enforcement?				
Is there any evidence of supplanting				

PROJECT PERFORMANCE REVIEW (Cont.)

Objectives (status):

RECOMMENDATIONS